

Food Establishment Inspection Report

Page 1 of 2

Establishment Name: <i>Western NM Corr</i>	Physical Address: <i>211 Lobo Canyon</i>	City: <i>Graats</i>	State: <i>NM</i>	Zip Code: <i>87020</i>
Permit #: <i>002160</i>	Permit Expiration Date: <i>Oct 2019</i>	Phone:	Email:	Est. Type: <i>J</i>



As Governed by State Regulation 7.6.2 NMAC
NMED Environmental Health Bureau
121 Tijeras Ave. NE, Albuquerque NM 87102

Purpose of Inspection:
 Pre-Opening
 Annual
 Complaint
 Closing
 Opening
 Re-Inspection
 Investigation
 CAR
 Other
 Initial Operational

Risk Category:

Time In:
10:50

11:25

Time Out:
10:55

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1 <input checked="" type="checkbox"/> IN OUT	Person in charge present, demonstrates knowledge, and performs duties			16 <input checked="" type="checkbox"/> IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		
2 <input type="checkbox"/> IN OUT N/A	Certified Food Protection Manager			17 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized		
Employee Health				18 <input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Food separated & protected		
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			Time/Temperature Control for Safety			
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction & exclusion			19 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper cooking time & temperatures		
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events			20 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding		
Employees				21 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper cooling time & temperature		
6 <input type="checkbox"/> IN OUT N/A	Food Handler Cards			22 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper hot holding temperatures		
Good Hygienic Practices				23 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper cold holding temperatures		
7 <input type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use			24 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Proper date marking & disposition		
8 <input type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O No discharge from eyes, nose, and mouth			25 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Time as a Public Health Control; procedures & records		
Preventing Contamination by Hands				Consumer Advisory			
9 <input type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O Hands clean & properly washed			26 <input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods		
10 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed			Highly Susceptible Populations			
11 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks; supplied & accessible			27 <input type="checkbox"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Approved Source				Food/Color Additives and Toxic Substances			
12 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source			28 <input type="checkbox"/> IN OUT N/A	Food additives: approved & properly used		
13 <input type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature			29 <input type="checkbox"/> IN OUT N/A	Toxic substances properly identified, stored, & used		
14 <input checked="" type="checkbox"/> IN OUT	Food in good condition, safe, & unadulterated			Conformance with Approved Procedures			
15 <input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			30 <input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Compliance with variance / specialized process / HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations

8

No. of Repeat Risk Factors / Intervention Violations

8

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	COS=corrected on site during inspection		R=repeat violation
		COS	R		
Safe Food and Water				Proper Use of Utensils	
31	Pasteurized eggs used where required			44	In-use utensils: properly stored
32	Water & ice from approved source			45	Utensils, equipment & linens: properly stored, dried, & handled
33	Variance obtained for specialized processing methods			46	Single-use/single-service articles: properly stored & used
Food Temperature Control				47	Gloves used properly
34	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending	
35	Plant food properly cooked for hot holding			48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
36	Approved thawing methods used			49	Warewashing facilities: installed, maintained, & used; test strips
37	Thermometers provided & accurate			50	Non-food contact surfaces clean
Food Identification				Physical Facilities	
38	Food properly labeled; original container			51	Hot & cold water available; adequate pressure
Prevention of Food Contamination				52	Plumbing installed; proper backflow devices
39	<input checked="" type="checkbox"/> Insects, rodents, & animals not present			53	Sewage & waste water properly disposed
40	Contamination prevented during food preparation, storage & display			54	Toilet facilities: properly constructed, supplied, & cleaned
41	Personal cleanliness			55	Garbage & refuse properly disposed; facilities maintained
42	Wiping cloths: properly used & stored			56	Physical facilities installed, maintained, & clean
43	Washing fruits & vegetables			57	Adequate ventilation & lighting; designated areas used
Reinspection: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date: <input type="text"/>		No. of Good Retail Practices Violations		<i>1</i>	
Corrective Action Response: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date: <input type="text"/>		No. of Repeat Good Retail Practices Violations		<i>0</i>	

Person in Charge: (Signature) *E.J.* Date: *1-23-19*
 Inspector: (Signature) *D.* Date: *1/23/19*

Food Establishment Inspection Report

**As Governed by State Regulation 7.6.2 NMAC
NMED Environment Health Bureau
121 Tijeras Ave NE, Albuquerque NM 87102**

Establishment Name:

Establishment Name:
Western NM Correctional
Dorm Room B

Page _____ of _____

Permit #:

002160

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Person in Charge: (Printed) Arthur S. Snodgrass

Person In Charge: (Signature)

Inspector: (Printed)

Ramón Ortega

Inspector: (Signature)

Date: 1/23/19